



Mitt Romney  
Governor

Kerry Healey  
Lieutenant Governor

# The Commonwealth of Massachusetts

## Department of Public Safety

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Edward A. Flynn  
Secretary

Kevin J. Kelly  
Acting  
Commissioner

### HOISTING OPERATOR INFORMATION

The examination is based on thorough and practical knowledge of all working parts of the hoisting machinery that the applicant is applying for, as well as safe operating practices, safety inspection of the equipment, hand signals and the Massachusetts State Statutes and Regulations. All applicants should know all operating instructions provided by the manufacturer's operating manuals. Crane operators should know the American national standard hand signals in order to pass the crane examination.

All candidates for the examination should have a thorough knowledge of the Massachusetts General Laws Chapter 146, Sections 53 – 55 and Sections 64 – 67 and the Massachusetts Regulations 520 CMR 6.00 for hoisting machinery. These regulations are printable from the Public Safety website at: <http://www.state.ma.us/dps> you may also obtain all of the above Laws and Regulation at your local library, and or the State House Bookstore at: (617) 727-2834 or in the Springfield area at: (413) 784-1376.

### THE RECOMMENDED STUDY MATERIALS ARE AS FOLLOWS:

- ? OSHA Regulations (website: [www.osha.gov](http://www.osha.gov))
- ? Dig Safe (website: [www.digsafe.com](http://www.digsafe.com)) or Tel: 1-888-dig-safe(344-7233)
- ? Owner's Manual (website: <http://www.aem.org> or tel: # 312-321-1470.)
- ? Application for a D.O.T. Physical can now be down loaded off our website : <http://www.state.ma.us/dps>
- ? Bob's Rigging and Crane Handbook This can be purchased at the following address:  
Bob De Benedictis, Inc.  
6410 South Atlantic Avenue  
New Smyrna Beach, Florida 32169
- ? The Mobile Crane Manual: This can be purchased at the following address:  
Construction Safety Association of Ontario  
21 Voyage Court South  
Entobicoke, Ontario M9W 5M7 Canada  
(800) 781-2726

### THE FOLLOWING HOISTING ENGINEER CLASSIFICATION CODES ARE AS FOLLOWS:

- ? HA= Hoisting Apprentice
- ? 1A=All hoisting equipment(except electric and air powered hoisting equipment) including clutch machines, derricks, guy derricks, stiff legs, Chicago booms, gin poles, lattice booms.
- ? 1B=Equipment with telescoping booms with or without wire ropes.
- ? 1C= Equipment hydraulic telescoping booms without wire ropes and forklifts.
- ? 2A=Crawler and rubber-tired excavators, backhoes and loaders.
- ? 2B=Backhoes and front-end loaders.
- ? 2C=Front-end loaders.
- ? 3A=Electric and air powered hoisting equipment.
- ? 4A=Unrestricted, 4B=Drill Rigs, 4C=Pipeline Side booms, 4D=Concrete Pumps, 4E=Catch Basin Cleaners, 4F=Sign-Hangers, 4G=Mowers.

***All applicants must provide one (1) passport picture, a copy of a valid driver's license, and a D.O.T. Medical Examination or 1998 ANSI B30.5 qualifications for operators, or medical examiner's cert. in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) Application processing fee is a \$75.00 Non-Refundable Applicants must be at least 18 years of age.***

*Applicants please be advised:*

***You must provide a copy of your D.O.T. NO ONE IS EXEMPT***



# The Commonwealth of Massachusetts

## Department of Public Safety

DIVISION OF INSPECTION

### HOISTING LICENSE

Cashier's  
Transaction Number

Application for License to Operate Hoisting Machinery when Motive Power is Mechanical and other than steam in Accordance with the Provisions of Massachusetts General Law Chapter 146 section 53.

Application must be filled out in **ink** and accompanied by the non refundable processing fee of \$75.00  
Mail Application to: Department of Public Safety, 1 Ashburton Place, room 1301, Boston, MA 02108-1618  
Attn: Cashier's Office

1. Choose the Grade of hoisting license that you are seeking to be licensed:

**\* You will only be allowed to sit for the exam you indicate by the restrictions checked in this section \***

#### Restrictions:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1A - Derricks / Lattice Cranes | <input type="checkbox"/> 1B - Telescoping Boom w/rope cranes | <input type="checkbox"/> 1C - Telescoping booms w/o rope, forklifts |
| <input type="checkbox"/> 2A - Excavators                | <input type="checkbox"/> 2B - Front end loader/backhoes      | <input type="checkbox"/> 2C - Front end loaders / unloaders         |
| <input type="checkbox"/> 3A - Air or electric powered   | <input type="checkbox"/> 4A - Unlimited Specialty Series     | <input type="checkbox"/> 4B - Drill Rigs                            |
| <input type="checkbox"/> 4C - Pipeline side booms       | <input type="checkbox"/> 4D - Concrete Pumps                 | <input type="checkbox"/> 4E - Catch Basin Cleaner                   |
| <input type="checkbox"/> 4F - Sign Hanging Equipment    | <input type="checkbox"/> 4G - Specialty Lawn Mower           | <input type="checkbox"/> HA - Hoisting Apprentice                   |

2. Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(first name) (middle Initial) (last name)

3. Home Address: \_\_\_\_\_  
(number) (Street) (City) (State) (Zip Code)

4. Mailing Address: \_\_\_\_\_  
(P.O. Box or Street) (City) (State) (Zip Code)

5. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(month / day / year) (city / town)

6. Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

7. State full title of occupation: \_\_\_\_\_

8. Have you ever been examined for a Massachusetts license to operate hoisting machinery? \_\_\_\_\_ YES \_\_\_\_\_ NO

9. Do you hold a Massachusetts license to operate hoisting machinery? \_\_\_\_\_ YES \_\_\_\_\_ NO

If so, list license number: \_\_\_\_\_  
License number License Grade Expiration date

10. Do you hold a valid motor vehicle driver's license to operate a motor vehicle? ☒ YES ☒ NO\*\*\*

\*\*\* If NO, STOP HERE, and do not continue. You MUST have a driver's license in order to sit for this license.

**Prerequisites:** ALL of the following items MUST be submitted with this application in order for your application to be processed properly. Failure to submit all required information and proper fee will result in unnecessary delays.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Completed Application with proper mailing AND home address, social security number.   |
| <input type="checkbox"/> | Attached 1" x 1.25" photo   |
| <input type="checkbox"/> | Copy of valid Motor Vehicle License or C.D.L. license   |
| <input type="checkbox"/> | D.O.T. certificate documentation that you meet the criteria for a D.O.T. medical examination or 1998 ANSI B30.5 qualifications for operators, or similar medical documentation. |
| <input type="checkbox"/> | Non-refundable application processing fee (\$75)  |

MY TOTAL EXPERIENCE IN OPERATING HOISTING MACHINERY IS AS FOLLOWS:

[illegible]

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief I have filed all State Tax Returns and paid all State Taxes required under Law.

*Signature of Applicant*

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*Date*

**DO NOT WRITE BELOW THIS LINE**

*APPLICANT MUST SIGN THEIR FULL NAME HERE, IN THE PRESENCE OF THE INSPECTOR WHO ADMINISTERS THE OATH*

*Signature of Applicant*

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*Date*

COMMONWEALTH OF MASSACHUSETTS, Town / City where exam is administered

*The above applicant personally appeared and was examined by me and made oath that the statements contained in this application and*

subscribed by them are true, this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_

Before me, District Engineering Inspector

EXPIRATION DATE:

RESULTS:

Previous License Grade Held: \_\_\_\_\_

LICENSE GRADE: